

ACE

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS

RECEIVED

APR 22 2016 EAA  
4-22-16  
THOMAS G. BRUTON  
CLERK, U.S. DISTRICT COURT

Malcolm C. Logan

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

Tom Dart Sheriff

Brown Supt.

Officer Rodriguez

Officer Virgin

Nurse Jane Doe

Cermak Health Services

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

C: 16cv4608  
(T Judge John W. Darrah  
Magistrate Judge Young B. Kim  
PC5

CHECK ONE ONLY:

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I Plaintiff

- A. Name: Logan Malcolm
- B. List all aliases: \_\_\_\_\_
- C. Prisoner identification number 20121007123
- D. Place of present confinement COOK County Jail
- E. Address: P.O. Box 089002, Chicago, IL 60608

II:

- A. Defendant: TOM DART, is the Sheriff of Cook County Illinois, the  
Title Chief law enforcement, he is the policy maker, he is responsible for  
training the Security Staff, and he is also responsible for the health and  
Place of Employment Safety of all of the detainees in the Cook County Jail
- B. Defendant: Supt. Brown, he is the superintendent of the Div. 8 RTU he is  
Title: responsible for passing down the orders, he is responsible for  
Supervising the Security Staff, and he is also responsible for the  
Place of Employment health & safety of all the detainees in the Cook County Jail
- C. Defendant: Officer Rodriguez, he is the C/O of the Div. 8 RTU he is re-  
Title: sponsible for running his deck in his Div. and he is also re-  
sponsible for the health and safety of all the detainees in the Cook County Jail.  
Place of Employment COOK County Jail Div. 8 RTU.
- D. Defendant: Officer Virgin, he is the C/O of the Div. 8 RTU he is re-  
Title: sponsible for the health and safety of all the detainees in  
the Cook County Jail, and he is also responsible for running his  
Place of Employment deck in his Div. COOK County Jail
- E. Defendant: Nurse Jane doe, she is a nurse who work in  
Title: the Div. 8 R.T.U dispensary, she is responsible for medicat-  
ing the detainees, and attending to the detainees illness at her  
Place of Employment level, and she is all so responsible for the  
the health and safety of all the detainees in the Cook County Jail.

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: N/A  
N/A
- B. Approximate date of filing lawsuit: N/A
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: N/A  
N/A  
N/A  
N/A
- D. List all defendants: N/A  
N/A  
N/A  
N/A
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): N/A
- F. Name of judge to whom case was assigned: N/A  
N/A
- G. Basic claim made: N/A  
N/A  
N/A
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): N/A  
N/A  
N/A
- I. Approximate date of disposition: N/A

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**



#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

My 14<sup>th</sup> amendment right equal protection clause and the Due Process clause was violated when Officer Rodriguez Physically assaulted me busting my lip and loosening a tooth, and injury to my neck. Inflicting wanton cruelty.

Officer Virgin along with Rodriguez would continuously threaten my life & safety.

Nurse Jane Doe refused me medical treatment when I was taken to dispensary constituting deliberate indifference, and conscious disregard, Violating my 14<sup>th</sup> amendment rights

Supritendant Brown being a policy maker created, ~~more~~ facilitated, or turned a blind eye to what he might see. This incident is not an isolated event, but a custom, practice and procedure of Cook County Sheriff deputies, which violates my due process clause and equal protection clause of the 14<sup>th</sup> amendment.

Sheriff Tom Dart being the final policy maker created, facilitated and enforced a custom, practice and procedure of Detainees being beaten-up by his deputies.



Sheriff Tom Darts failure to train his deputies constitute deliberate indifference to my Due process clause and equal protection of the 14th amendment.

Cook County is sued in their capacity as an indemnitor of the Sheriff, under the indemnification rule.

Cermak Health Services as a subsidiary of Cook County Bureau of Health is ~~in~~ incharge of training, hiring and supervising Nurse Jane Doe and is therefore sued as ~~an~~ an indemnitor, under the indemnification rule.

The following are counts and complete statement of Oct. 5<sup>th</sup> 2012 :-

## EXCESSIVE PHYSICAL FORCE, and DENIED MEDICAL ATTENTION

### COMPLAINT

- (1) On Oct. 5, 2012 the plaintiff was arrested by the Chicago Police department, and was taken into custody. Subsequently on Oct. 7, 2012 he was transferred to the Cook County Jail. After processing into the Jail through the receiving area, the plaintiff was placed into the Div 9.
- (2) In Dec. 2014 the plaintiff was transferred to the Div. 8 R.T.U Medical facility. Here in the Div 8 R.T.U is where the incident occurred, and the plaintiff rights was violated.
- (3) On Jan. 25, 2015 the defendants Rodriguez, & Virgin, was assigned to the 4-F tier where the plaintiff was housed at. Around 6:45 P.M. the plaintiff saw a officer that he knew walking pass the 4-F window. The plaintiff knocked on the window in which he was trying to get the passing officer attention.
- (4) The defendant Rodriguez, got real disrespectful. He said U-mother-of-fucker get out of the window. I informed defendant Rodriguez, that he didn't have to be so disrespectful, on that tough guy stuff. Then defendant Rodriguez, said shut-up, and set your pussy ass down, that why you got your ass whooped by detainee Brown, on 4-G tier. I informed defendant Rodriguez, that no one had put their hands on me and wasn't going to put their hands on me.
- (5) The defendant Rodriguez, pulled out his hand-cuffs, and said turn a round I'm going to cuffs you up. I did no resisting, I did exactly what he demanded. I turned around and put my hands behind my back. Defendant Rodriguez, slammed the plaintiff body down on the steel table in the day room area used all his force while cuffing the plaintiff up which resulted into injured the plaintiff neck. Then he grabbed the plaintiff by the head of his hair and pulled him back up off the table with the plaintiff hands still hand-cuffed behind his back being forced upward as far as the plaintiff could go while he was being observed by the cameras, defendant Virgin, and the detainees on the tier.



- (6) The defendant Rodriguez, pushed the plaintiff out into the hallway with his hands still handcuffed behind his back forced upward caused the plaintiff severe pain in his shoulders, arms and neck. The defendant Rodriguez, continuing pushing the plaintiff all the way down to the C. Side bull-pen, and pushed the plaintiff face direct into the wall causing further damages, a busted lip and loosened tooth. And further injured to the plaintiff neck.
- (7) The plaintiff requested medical attention from defendant Rodriguez, and it was denied. A unknown officer took the plaintiff down to the C. Side dispensary. There the plaintiff was seen by a female nurse Jane doe. Nurse Jane doe, did not do anything for the plaintiff injuries, busted lip, loose tooth, and neck. She claimed that she logged it in the computer to schedule me an appointment to see the doctor later.
- (8). It should be noted that the plaintiff stayed in the Div. 8 RTU around 6 more months after the incident, and he never saw a doctor for his injuries. Despite him protested to nursing staff, and filed several grievances and appeal. See the attached exhibits Part 1, 2, 3.
- (9). The defendant would see the defendants Rodriguez, and Virgin on the routine basis, and they would make threats such as making my stay pure hell as long as I was in the Div. 8 RTU. I was afraid and fears for my life. I mentioned it in my part 1+2 grievance that I filed on 1/27/2015. See the attached exhibits Part, 1+2.
- (10). The plaintiff also mentioned in his part 1+2 grievances that was filed on 1/27/2015 to be transfer to another Div. due to the defendants Rodriguez, & Virgin for threatened his life. See the attached exhibits Part, 1. Despite that pleading for his life it still took around 6 months before the plaintiff was final transferred to the Div. 10. See the attached exhibits —, —.

- (11) It should be noted that the plaintiff also sustained an wrist injury during the assault by the defendant Rodriguez. The wrist injury caused the plaintiff chronic pain, and the plaintiff never did receive adequate medical attention, or treatment for his injuries. The only medical treatment that the plaintiff received was pain pills. See the attached exhibits Part 2 & 3.
- (12) The plaintiff alleges that it been around 9 to 10 months since the assault from defendant Rodriguez, and he is still experiencing severe pain in his neck and wrist.
- (13) On 2/13/2015 the plaintiff filed a Complaint against the defendants Rodriguez, & Virgin for the assault, and for used physical excessive force for no reason at all except for just trying to be tough guy. The Complaint was filed with the Sheriff's Office of Cook County Office of Professional Review Complaint Register. The O.P.R. Agents has already been to visit the plaintiff. The plaintiff requested for the investigators to retrieve the cameras in this case. See the attached exhibits B Part. 1 & 2 front & back page, & Part B-3.

### CAUSE OF ACTION

- (14) These defendants breached their Statutory duties to provide Prisoner Safekeeping. The plaintiff have a right to be free from assault. Officials violated the plaintiff 8th & 14th Amendments under the eight Amendment prison and jail officials can not use excessive physical force against a inmate. The guards acted with a sufficiently culpable state of mind. The plaintiff suffered was sufficiently severe. These defendants act under the color of the Law, and deprived the plaintiff of his Constitutional rights. This transaction arising out of the same transaction excessive force, and denied medical attention. The above officials should be held liable, severally and jointly for deprived the plaintiff of his Constitutional rights and for being deliberate indifferent to the plaintiff serious medical needs. The plaintiff further states that he is suing defendants Rodriguez, Virgin, and Jane doe in their individual & official-capacities & he is suing Tom DAT, and Supt. Brown in their official-capacities. . . . .



### COUNT I

Holding the defendants TOM DART, Cook County Illinois Supt. Brown, deliberate indifference for continuing to housing the plaintiff in the Jail the above circumstances, inadequate medical facility, and for not proper train officers who caused the plaintiff injuries On January 27, 2015.

### COUNT II &

Holding the defendants TOM DART, Cook County, Illinois Supt. Brown, C/O RODRIGUEZ, C/O Virgin & nurse JANE DOE, liable and deliberate indifference for the plaintiff injuries, denied medical attention, and for deprived the plaintiff of his safe keeping. And for continuing to housing the plaintiff in a facility where he were being constantly threatening which resulted in caused the plaintiff emotional distress. (Excessive force can only be applied when a prisoner act in bad-faith. Excessive force here was applied in bad faith, because the prisoner did nothing wrong. Here it was used maliciously & sadistically to hurt a person) And defendant C/O Virgin stood there and watch the whole incident without raising one hand to correct the matter, he turned a blind-eye and used profanity words as well against the plaintiff.

### COUNT III

TOM DART, is the Sheriff of Cook County Illinois, and he over seeing the County Jail, he hire and fired the employees he set, and is responsible for training the personals. Therefore, he must be held liable for the unconstitutional act because the malicious conduct what caused the plaintiff injury on 1/27/015. (a) An official policy adopted & promulgated by the officials; (b) A governmental practice or custom not although not officially authorized, is widespread and well settled & (c) An official with final policy-making authorized authority.

### EXHAUSTION

He has exhausted his administration remedies by filed grievances, appeals, and Complaint to the O. P. R. before coming to the Court, which was available to him at the CCOC.

## V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

- (a) Jury by Trial, (b) To Sue the defendants Tom Dart, Cook County Illinois and Supt. Brown in their official capacity (c) and to sue the defendants C/O Rodriguez, C/O Virgin and nurse Jane doe in their individual and official capacity (d) the amount of 150,000 in punitive damages (e) the amount of 150,000 in compensatory damages (f) the amount of 100,000 in monetary damages (g) Appointment of Counsel and any other relief that may be just by the Court
- VI. The plaintiff demands that the case be tried by a jury. ☐ YES ☒ NO

## CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Signature of plaintiff or plaintiffs)

Malcolm Logan  
(Print name)

Malcolm Logan  
(I.D. Number)

20121007123 / R69773

Stateville P.O. Box 112

Joliet IL 60434  
(Address)





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2015X0574

A Part (1)

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☒ EMERGENCY GRIEVANCE  
☐ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

Program Services Supervisor Approving Non-Grievance (Request) Signature

## REFERRED TO:

- ☐ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT:  
☒ OTHER: C.P.R. I.S.

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso):

logan

PRINT - FIRST NAME (Primer Nombre):

malcolm

ID Number (# de identificación):

20121007123

DIVISION (División):

8RTU

LIVING UNIT (Unidad):

4A

DATE (Fecha):

1/27/15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

\* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.

\* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.

\* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.

\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.

\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.

\* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE:

(Por Favor, Incluya:

Date of Incident

Fecha Del Incidente

Time of Incident

Hora Del Incidente

Specific Location of Incident

Lugar Especifico Del Incidente

On the above date 1-25-15 at time 6:45pm and Between 7:45pm C/O Rodriguez #116146 and C/O Virgin #116147 Assigned to 4F DW 8RTU were verbally abusing detainee malcolm logan cause I knocked on the window to get another C/O attention so the C/O disrespected me so I ask the why he call me out my name he could or just told me to stop knocking on the window you don't have to be disrespectful and on that tuff guy stuff so C/O Rodriguez told me sit my pussy ass down thats why I got my ass whorped by detainee Brown on 4G I told the C/O nobody put they hands on me and nobody ain't gone put they hands on me C/O rodriguez told me to cuffup I did without resisting the C/O grab my hair slam me on the

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

I fear for my life them officer keep bothering me threatening me telling me they gone make the rest of my stay here hell I would like me or them to be moved from this building my neck my wrist and my lip and mouth still hurt

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:

(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Malcolm Logan

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print):

G. Reid

SIGNATURE:

G. Reid

DATE CRW/PLATOON COUNSELOR RECEIVED:

1/30/15

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

LT. BOYCA

SIGNATURE:

9

DATE REVIEWED:

1/30/15





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

A Part (3)

☒ GRIEVANCE☐ NON-GRIEVANCE (REQUEST)

## INMATE GRIEVANCE RESPONSE / APPEAL FORM

(Petición de Queja del Preso / Respuesta / Forma de Apelación)

CONTROL #

2015X0575

## INMATE INFORMATION (Información del Preso)

INMATE LAST NAME (Apellido del Preso):

Lopez

INMATE FIRST NAME (Primer Nombre):

Malcolm

ID Number (# de identificación):

2012-1007123

## GRIEVANCE / NON-GRIEVANCE (REQUEST) REFERRAL &amp; RESPONSE

(EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF AN INMATE)

CRW / PLATOON COUNSELOR'S SUMMARY OF THE COMPLAINT:

200 medical treatment

IMMEDIATE CRW / PLATOON COUNSELOR RESPONSE (if applicable):

CRW / PLATOON COUNSELOR REFERRED THIS GRIEVANCE / REQUEST TO (Example: Superintendent, Cermak Health services, Personnel):

DATE REFERRED:

01/30/15

RESPONSE BY PERSONNEL HANDLING REFERRAL:

Pl. referred by doctor on 1/28/15  
 Tests done. Been in Urgent Care several days  
 Please stop eating things that are NOT Food!

PERSONNEL RESPONDING TO GRIEVANCE (Print):

m

SIGNATURE:

u

DIV. / DEPT.:

DATE:

2/4/15

Superintendents of a division/unit must review all responses to grievances alleging staff use of force, staff misconduct and emergency grievances.

SUPERINTENDENT / DIRECTOR / DESIGNEE (Print):

SIGNATURE:

DIV. / DEPT.:

DATE:

1/1

NON-GRIEVANCE (REQUEST) SUBJECT CODE (Check applicable box):

☐ GRIEVANCE SUBJECT CODE: \_\_\_\_\_☐ NON-GRIEVANCE SUBJECT CODE: \_\_\_\_\_

INMATE SIGNATURE (Firma del Preso):

Malcolm Lopez

DATE RESPONSE WAS RECEIVED:  
(Fecha en que la respuesta fue recibida):

2/11/15

## INMATE'S REQUEST FOR AN APPEAL (Solicitud de Apelación del Preso)

\* To exhaust administrative remedies, appeals must be made within 14 days of the date the inmate received the response.

\* Las apelaciones tendrán que ser sometidas dentro de los 14 días; a partir que el preso recibió la respuesta para agotar todas las posibles respuestas administrativas.

DATE OF INMATE'S REQUEST FOR AN APPEAL: (Fecha de la solicitud de la apelación del detenido):

2/13/15

INMATE'S BASIS FOR AN APPEAL (Base del detenido para una apelación):

the day of 1-25-15 had nothing to do with a screw being swallow...the incident of 1-25-15 when c/o Rodriguez pulled my hair back till the point where my neck felt like it was gone snap and my wrist and hip being busted without proper medical attention was only given pain pills

ADMINISTRATOR / DESIGNEE'S ACCEPTANCE OF INMATE'S APPEAL?

¿Apelación del detenido aceptada por el administrador o su designado(a)?

Yes (Si)

No

☐☒

ADMINISTRATOR / DESIGNEE'S DECISION OR RECOMMENDATION (Decision o recomendación por parte del administrador o su designado(a)):

As above - you were seen and evaluated.  
 after medical. You still have pain medications  
 ordered - ask nurse if you need them.

ADMINISTRATOR / DESIGNEE (Administrador o su Designado(a)):

m

SIGNATURE (Firma del Administrador o su Designado(a)):

u

DATE (Fecha):

2/24/15

INMATE SIGNATURE (Firma del Preso):

Malcolm Lopez

DATE INMATE RECEIVED APPEAL RESPONSE:  
(Fecha en que el Preso recibió respuesta a su apelación):

3/17/15





## COOK COUNTY SHERIFF'S OFFICE

(Oficina del Alguacil del Condado de Cook)

## INMATE GRIEVANCE FORM

(Formulario de Queja del Preso)

☒ GRIEVANCE ☐ NON-GRIEVANCE (REQUEST)

CONTROL #

2015X0575

A Part (2) &amp;

!This section is to be completed by Program Services Staff - ONLY! (! Para ser llenado solo por el personal de Program Services !)

## GRIEVANCE FORM PROCESSED AS:

- ☐ EMERGENCY GRIEVANCE  
☒ GRIEVANCE  
☐ NON-GRIEVANCE (REQUEST)

## REFERRED TO:

- ☒ CERMAK HEALTH SERVICES  
☐ SUPERINTENDENT: \_\_\_\_\_  
☐ OTHER: \_\_\_\_\_

Program Services Supervisor Approving Non-Grievance (Request) Signature

## INMATE INFORMATION (Información del Preso)

PRINT - INMATE LAST NAME (Apellido del Preso): logan	PRINT - FIRST NAME (Primer Nombre): MALCOLM	ID Number (# de identificación): 20121007123
DIVISION (División): 8RTU	LIVING UNIT (Unidad): 4A	DATE (Fecha): 1 / 27 / 15

## INMATE'S BRIEF SUMMARY OF THE COMPLAINT (Breve Resumen de los Hechos del Preso):

- \* An inmate wishing to file a grievance is required to do so within 15 days of the event he/she is grieving.  
\* Inmate Disciplinary Hearing Board decisions cannot be grieved or appealed through the use of an Inmate Grievance Request / Response / Appeal Form.  
\* When a grievance issue is processed as a NON-GRIEVANCE (REQUEST), an inmate may re-submit the grievance issue after 15 days to obtain a "Control Number" if there has been no response to the request or the request is deemed unsatisfactory.  
\* Un preso que desea llenar una queja, se le requiere que lo haga dentro de los 15 días después del incidente.  
\* Las decisiones del Comité Disciplinario de los presos, no podrán ser cuestionadas o apeladas a través del uso del Formulario de Quejas / Respuesta / Forma de Apelación.  
\* Cuando una queja se procesa como una QUEJAS NO (PETICIÓN), un preso podría re-someter una Queja después de los 15 días para recibir un "Numero de Control", ya sea porque no hay una respuesta o porque la respuesta es insatisfactoria.

PLEASE INCLUDE: Date of Incident - Time of Incident - Specific Location of Incident  
(Por Favor, Incluya: Fecha Del Incidente - Hora Del Incidente - Lugar Especifico Del Incidente)

on the above date 1-25-15 time 6:30pm - 8:45pm I was assaulted by officer C/O Rodriguez and C/O Virgin from 3 to 11 Shift C/O was working 4F Div 8 RTU I was taken to see A nurse I told the nurse my neck my mouth and my wrist hurt very bad the nurse looked At my neck my mouth and my wrist and only gave me A pain pill my neck still hurt and my teeth still feel loose At the bottom front my wrist hurt but feel A little better but my neck and spinal cord still hurt after the effect of the pain pill leave I never had proper medical assistance no X-ray on my neck and spinal cord

ACTION THAT YOU ARE REQUESTING (Acción que esta solicitando):

I would like to have proper medical assistance not a nurse just looking At me and saying I'm okay I need to be checked out I can't hardly turn my neck thank you

NAME OF STAFF OR INMATE(S) HAVING INFORMATION REGARDING THIS COMPLAINT:  
(Nombre del personal o presos que tengan información):

INMATE SIGNATURE (Firma del Preso):

Malcolm Lopez

SUPERINTENDENTS / DIRECTORS / DESIGNEES OF A DIVISION/UNIT MUST REVIEW AND SIGN ALL GRIEVANCES ALLEGING STAFF USE OF FORCE, STAFF MISCONDUCT, AND EMERGENCY GRIEVANCES. IF THE INMATE'S GRIEVANCE IS OF A SERIOUS NATURE, THE SUPERINTENDENT MUST INITIATE IMMEDIATE ACTION.

CRW / PLATOON COUNSELOR (Print): GREGIO	SIGNATURE: GREGIO	DATE CRW/PLATOON COUNSELOR RECEIVED: 01/30/15
SUPERINTENDENT / DIRECTOR / DESIGNEE (Print): LT BOTA	SIGNATURE: [Signature]	DATE REVIEWED: 1/30/15



B part 3

Inmate Grievance Number: **20150574**

Your allegation(s) have been forwarded to the Offices of Professional Review and Divisional Superintendent for review and/or investigation.

You may follow-up with the Office of Professional Review by contacting their office directly or submitting an inmate request form, to speak with the Divisional Superintendent.

Office of Professional Review  
3026 S. California Ave  
Building 4 / 4<sup>th</sup> floor  
Chicago, Illinois 60608

INMATE COPY

0322093



Back &amp; front

B part 1 &amp;



**SHERIFF'S OFFICE OF COOK COUNTY  
OFFICE OF PROFESSIONAL REVIEW  
COMPLAINT REGISTER**

<b>Complainant Information</b>	NAME (Last, First, M.I.): <u>Logan Malcolm</u>		AGE: <u>29</u>	DATE OF BIRTH: <u>8-3-85</u>	HOME #: <u>( ) N/A</u>
	HOME ADDRESS: <u>2650 S California</u>		CITY: <u>Chicago</u>		WORK/OTHER #: <u>N/A</u>
	STATE: <u>IL</u>	ZIP CODE: <u>60608</u>	STATE ID/D.L. #:		STATE OF ISSUANCE: <u>N/A</u>
I HAVE BEEN NOTIFIED THAT, PURSUANT TO 50 ILCS 725/3.8(b), ANYONE FILING A COMPLAINT AGAINST A SWORN PEACE OFFICER MUST HAVE THE COMPLAINT SUPPORTED BY A SWORN AFFIDAVIT.					
<b>Complainant Information</b>	DATE OF INCIDENT: <u>1-25-15</u>		TIME OF INCIDENT: <u>between 6:30pm &amp; 7:30pm</u>		
	LOCATION OF INCIDENT: <u>Cook County Jail Division 8 RTU tier 4F</u>				
	PROVIDE NAMES, BADGE NUMBERS, SQUAD NUMBER or LICENSE PLATE, and/or PHYSICAL DESCRIPTION OF THE OFFICER AGAINST WHOM YOU WISH TO FILE A COMPLAINT:				
	<u>C/O Rodriguez # 16766 and C/O Virgin # 16631</u>				
<b>Witnesses</b>	ARE THERE ANY WITNESSES YOU WISH TO BE CONTACTED DURING THE INVESTIGATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE CONTACT INFORMATION.				
	NAME	ADDRESS/CITY/STATE/ZIP		HOME PHONE #	
	<u>Denzell Pittman</u>	<u>mostly every person on 4F RTU</u>			
	<u>Murice</u>	<u>Division 8 is a witness during the time of the incident</u>			
		<u>I don't really know all their name but they seen what happen and cameras</u>			
<b>Narrative</b>	PROVIDE A FULL DETAILED ACCOUNT OF YOUR COMPLAINT AND THE NATURE OF THE INCIDENT.				
	<p><u>On the above date 1-25-15 time 6:30pm and between 7:30pm C/O Rodriguez and C/O Virgin was working tier 4F Division 8 RTU and I Malcolm Logan was on 4F in the Dayroom and I seen a C/O I knew walk past so I knocked on the window so I can get his attention so I can speak to him. C/O Rodriguez told me stop knocking on the window you stupid retarded motherfucker. He told the C/O he didn't have to be disrespectful. I wrote out my name on that tuff guy shit</u></p>				

☒ CONTINUED ON REVERSE

 FOR OFFICE USE ONLY  
 DATE COMPLAINT RECEIVED: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

IAD/G #: \_\_\_\_\_